

COURT  
WASHINGTON

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M. L. HATCHER, CLK  
U.S. BANKRUPTCY COURT  
W.D. OF WA AT SEATTLE  
BY \_\_\_\_\_ DEP. CLK.

UNITED STATES BANKRUPTCY  
WESTERN DISTRICT OF

In re

Curtis R. Harris  
Billie J. Harris

Debtor

Bankruptcy Case No.

08-10108

**DEBTOR'S MOTION FOR RECOVERY OF NON-APPROVED  
DISBURSEMENT FROM CHAPTER 13 TRUST FUND**

I/We the debtor(s) in this case, certify under penalty of perjury as follows:

I/We move for a hearing to dispute attorney fees  
paid to Travis Gagnier, Attorney at Law by the  
Trustee's office in connection with our Chapter 13  
Bankruptcy case.

I/We certify under penalty of perjury that the foregoing is true and correct.


Executed on July 23, 2009 [date] at

Edmond Way, WA [location]



Curtis R Harris

Debtor

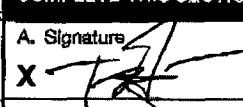

  
Billie J. Harris

Joint Debtor

(04/03/06)

08-10108

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 7/29/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>TRAVIS A. GAGNIER 33507 NINTH AVE. S Bldg PO 3944 FED WY. WA. 98063</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7008 0500 0000 1401 6161</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540